

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH

COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT # 00051464
(Ethics Commission file)

20 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

TITLE FIRST MI
ENRIQUE
NICKNAME LAST SUFFIX
Kike Martin

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
8327 STATION
SAN ANTONIO TX 78224

☐ Change of Address

Date Hand-delivered or Date Postmarked

5 CAMPAIGN
TREASURER
NAME

TITLE FIRST MI
LTC (RET) Tommie
NICKNAME LAST SUFFIX
Malone

Receipt #

Amount

Date Processed

Date Imaged

6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
2202 Cypress Pearl
San Antonio TX 78232

7 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(210) 494-0878

8 REPORT TYPE

☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)
☒ July 15 ☐ 8th day before election ☐ Exceeded \$500 limit ☐ Final report (Attach C/OH - FR)

9 PERIOD
COVERED

Month Day Year Month Day Year
05 / 20 / 2001 THROUGH 06 / 30 / 2001

10 ELECTION

ELECTION DATE
Month Day Year
/ /
ELECTION TYPE
☐ Primary ☐ Runoff ☐ General ☐ Special

11 OFFICE

OFFICE HELD (if any)

City Council

12 OFFICE SOUGHT (if known)

13 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

-- Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. --

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT # (Ethics Commission filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

•• This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ••

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

17 NO REPORTABLE ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 18,439.⁰²

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 56.96

4. TOTAL POLITICAL EXPENDITURES

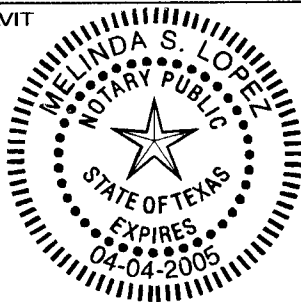
\$ 11,663.⁰⁸

OUTSTANDING LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Enrique Martin, this the 16th day of July, 20 01, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

2001 JUL 16 P 4:12

Total pages this Schedule A1:

2 FILER NAME

Enrique Martin

3 ACCOUNT # (Ethics Commission filers)

00051464

4 Date

05/9/2001

5 Full name of contributor

Raul Pracho

☐ out-of-state PAC (ID# _____)

6 Contributor address; City; State; Zip Code

215 McLaughlin
San Antonio TX 782117 Amount of
contribution (\$)

28.35

8 In-kind contribution
description (if applicable)

PCT Lists

9 Principal occupation (Optional)

10 Employer (Optional)

Date

05/14/2001

Full name of contributor

Raul Pracho

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

215 McLaughlin
San Antonio TX 78211Amount of
contribution (\$)

34.00

In-kind contribution
description (if applicable)

USPS Postage

Principal occupation (Optional)

Employer (Optional)

Date

06/20/2001

Full name of contributor

Raul Pracho

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

215 McLaughlin
San Antonio TX 78211Amount of
contribution (\$)

326.67

In-kind contribution
description (if applicable)office supplies, food,
Beverage, Gas

Principal occupation (Optional)

Employer (Optional)

Date

05/23/2001

Full name of contributor

David L Earl

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

111 Sotolanda SAT TX 78205

Amount of
contribution (\$)

5,000.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

05/23/2001

Full name of contributor

Robert Beltran

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

1639 E. Highland SAT TX 78210

Amount of
contribution (\$)

300.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

RECEIVED
CITY OF SAN ANTONIO
OFFICE OF THE CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME

Enrique Martin

3 ACCOUNT # (Ethics Commission filers)

00051464

4 Date

05/23/2001

5 Full name of contributor ☐ out-of-state PAC (ID# _____)

San Antonio firefighters

6 Contributor address; City; State; Zip Code

735 Magnolia SAT TX 78212

7 Amount of contribution (\$)

6,000.⁰⁰

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

05/23/2001

Full name of contributor ☐ out-of-state PAC (ID# _____)

American Federation of STATE, County: Municipal Employees

AFL-CIO

Contributor address; City; State; Zip Code

1625 L ST. NW Washington, DC. 20036

Amount of contribution (\$)

2,000.⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

05/23/2001

Full name of contributor ☐ out-of-state PAC (ID# _____)

Shaefer Expense Account

Contributor address; City; State; Zip Code

8620 N. New Braunfels STE 400 SAT TX

Amount of contribution (\$)

1,000.⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

05/24/2001

Full name of contributor ☐ out-of-state PAC (ID# _____)

Fullbright, Jaworski Texas Committee

Contributor address; City; State; Zip Code

1301 McKinney STE 5100, Houston, TX 77010

Amount of contribution (\$)

500.⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

05/24/2001

Full name of contributor ☐ out-of-state PAC (ID# _____)

Joe Bradberry

Contributor address; City; State; Zip Code

714 Contadora SAT TX 78258

Amount of contribution (\$)

500.⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME

Enrique Martin

3 ACCOUNT# (Ethics Commission filers)

00051464

4 Date

05/24/2001

5 Full name of contributor

☐ out-of-state PAC (ID#)

H.B. Zachary JR.

7 Amount of
contribution (\$)300.⁰⁰8 In-kind contribution
description (if applicable)

6 Contributor address; City; State; Zip Code

310 St. Mary's #2500 SAT TX 78205

9 Principal occupation (Optional)

10 Employer (Optional)

Date

05/24/2001

Full name of contributor

☐ out-of-state PAC (ID#)

Murray L Johnson

Amount of
contribution (\$)150.⁰⁰In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

306 Kennedy SAT TX 78205

Principal occupation (Optional)

Employer (Optional)

Date

05/24/2001

Full name of contributor

☐ out-of-state PAC (ID#)

John B. Zachary

Amount of
contribution (\$)150.⁰⁰In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

P.O. Box 240130 SAT TX 78224

Principal occupation (Optional)

Employer (Optional)

Date

05/24/2001

Full name of contributor

☐ out-of-state PAC (ID#)

David Zachary

Amount of
contribution (\$)150.⁰⁰In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

P.O. Box 240130 SAT TX 78224

Principal occupation (Optional)

Employer (Optional)

Date

05/24/2001

Full name of contributor

☐ out-of-state PAC (ID#)

Lois A. Stumbers

Amount of
contribution (\$)150.⁰⁰In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

832 Eventide SAT TX 78209

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME

Enrique Martin

3 ACCOUNT # (Ethics Commission filers)

00051464

4 Date

06/09/2001

5 Full name of contributor

☐ out-of-state PAC (ID#)

Karen L Vasquez

6 Contributor address; City; State; Zip Code

300 Concord plaza SAT 78216

7 Amount of contribution (\$)

250.⁰⁰

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

06/09/2001

Full name of contributor

☐ out-of-state PAC (ID#)

Miguel A. Vaguez

Contributor address; City; State; Zip Code

9210 Autumn Leaf SAT 78217

Amount of contribution (\$)

250.⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

06/09/2001

Full name of contributor

☐ out-of-state PAC (ID#)

IRON WORKERS STATE COFUND

Contributor address; City; State; Zip Code

1106 LAVACA ST, STE 201 Austin TX 78701

Amount of contribution (\$)

500.⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

06/09/2001

Full name of contributor

☐ out-of-state PAC (ID#)

Tim Word

Contributor address; City; State; Zip Code

P.O. Box 310330 New Braunfels, TX 78131

Amount of contribution (\$)

150.⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

06/09/2001

Full name of contributor

☐ out-of-state PAC (ID#)

C. Edmund Barron III

Contributor address; City; State; Zip Code

5150 N. Loop 1604 W SAT 78249

Amount of contribution (\$)

500.⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

CITY OF SAN ANTONIO

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME

Enrique Martin

3 ACCOUNT # (Ethics Commission filers)

00051464

4 Date

06/09/2001

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Roy Rosin

6 Contributor address; City; State; Zip Code

759 Sweetbrush SAT 78258

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

06/12/2001

Full name of contributor

☐ out-of-state PAC (ID# _____)

Gene Powell

Contributor address; City; State; Zip Code

11 Lynn Batts LN, STE 100 SAT 78218

Amount of contribution (\$)

1,000.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

06/12/2001

Full name of contributor

☐ out-of-state PAC (ID# _____)

A Jimenez

Contributor address; City; State; Zip Code

4026 Glen Rock SAT 78240

Amount of contribution (\$)

300.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

06/12/2001

Full name of contributor

☐ out-of-state PAC (ID# _____)

Lawrence R. Linnartz

Contributor address; City; State; Zip Code

739 Sweetbrush SAT 78258

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

06/12/2001

Full name of contributor

☐ out-of-state PAC (ID# _____)

George P. Cortez

Contributor address; City; State; Zip Code

200 E Myrtle SAT 78212

Amount of contribution (\$)

750.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1. Total pages this Schedule A1:

2 FILER NAME

Enrique Martin

3 ACCOUNT # (Ethics Commission filers)

00051464

4 Date

06/12/2001

5 Full name of contributor

☐ out-of-state PAC (ID#)

Ramiro Valadez Jr.

6 Contributor address; City; State; Zip Code

P.O. Box 240520 SAT 78224

7 Amount of contribution (\$)

300.⁰⁰

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

06/12/2001

Full name of contributor

☐ out-of-state PAC (ID#)

Frank Sepulveda

Contributor address; City; State; Zip Code

211 Mecca DR. SAT 78232

Amount of contribution (\$)

500.⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

06/12/2001

Full name of contributor

☐ out-of-state PAC (ID#)

Ralph Hernandez

Contributor address; City; State; Zip Code

1902 S. Hackberry SAT 78210

Amount of contribution (\$)

500.⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

06/12/2001

Full name of contributor

☐ out-of-state PAC (ID#)

Clifford E. Morton

Contributor address; City; State; Zip Code

1909 Oakwell Farms PKWY STE 270
SAT 78218

Amount of contribution (\$)

500.⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

06/12/2001

Full name of contributor

☐ out-of-state PAC (ID#)

Manuel G. Escobar JR.

Contributor address; City; State; Zip Code

201 W Poplar SAT 78212

Amount of contribution (\$)

1,000.⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEDGED CONTRIBUTIONS**SCHEDULE B1**

(FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1:

2001 JUL 15 P 4: 29

2 FILER NAME

Enrique Martin

3 ACCOUNT # (Ethics Commission filers)

00051464

4 TOTAL OF UNITEMIZED PLEDGES:

\$

5 Date

6 Full name of pledgor

☐ out-of-state PAC (ID# _____)

8 Amount of pledge (\$)

9 In-kind description (if applicable)

7 Pledgor address; City; State; Zip Code

0

10 Principal occupation (optional)

11 Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID# _____)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

0

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID# _____)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

0

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID# _____)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

0

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID# _____)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

0

Principal occupation (optional)

Employer (optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**

LOANS**SCHEDULE E**

RECEIVED
CITY OF SAN ANTONIO
CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

2001 JUL 16 P 4:29

2 FILER NAME

Enrique Martin

3 ACCOUNT # (Ethics Commission filers)

00051464

4

TOTAL OF UNITEMIZED LOANS:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

0

5 Date of loan**7** Name of lender☐ out-of-state PAC (ID#: _____)**9** Loan Amount (\$)**6** Is lender a financial institution?

Y N

8 Lender address; City; State; Zip Code**10** Interest rate**11** Maturity date**12** Description of Collateral☐ none**13** GUARANTOR INFORMATION**14** Name of guarantor**16** Amount Guaranteed (\$)☐ not applicable**15** Guarantor address; City; State; Zip Code**17** Principal Occupation**18** Employer

Date of loan

Name of lender

☐ out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a financial institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Description of Collateral

☐ none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES**SCHEDULE F**

RECEIVED
CITY OF SAN ANTONIO
CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2001 JUL 16 P 4: 29

2 FILER NAME

Enrique Martin

3 ACCOUNT # (Ethics Commission filers)

00051464

4 Date

05/20/2001

5 Payee name

Augustine Beltran

7 Amount (\$)

740.00

6 Payee address; City; State; Zip Code

San Antonio TX

8 Purpose of payment (See instructions regarding type of information required.)

Block Walkers

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

05/20/2001

Payee name

Postmaster

Amount (\$)

102.00

Payee address; City; State; Zip Code

San Antonio TX

Purpose of payment (See instructions regarding type of information required.)

Postage

**** Complete if direct expenditure to benefit C/OH ****

Candidate / Officeholder name

Office sought

Office held

Date

05/22/2001

Payee name

Mungia Printers

Amount (\$)

1,390.21

Payee address; City; State; Zip Code

San Antonio TX

Purpose of payment (See instructions regarding type of information required.)

Printing

**** Complete if direct expenditure to benefit C/OH ****

Candidate / Officeholder name

Office sought

Office held

Date

05/26/2001

Payee name

El Rancho Grocery

Amount (\$)

50.31

Payee address; City; State; Zip Code

San Antonio TX

Purpose of payment (See instructions regarding type of information required.)

Refreshments

**** Complete if direct expenditure to benefit C/OH ****

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

RECEIVED
CITY OF SAN ANTONIO
CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:**2** FILER NAME

Enrique Martin

3 ACCOUNT # (Ethics Commission filers)

00051464

4 Date

05/26/2001

5 Payee name

Sals BBQ

7 Amount(\$)
80.40**6** Payee address; City; State; Zip Code

San Antonio TX

8 Purpose of payment (See instructions regarding type of information required.)

Food

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

05/26/2001

Payee name

Diamond Shamrock

Amount

(\$)
39.81

Payee address; City; State; Zip Code

San Antonio TX

Purpose of payment (See instructions regarding type of information required.)

Refreshments

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

05/28/2001

Payee name

U-SAFE CAR Rental

Amount

(\$)
505.14

Payee address; City; State; Zip Code

San Antonio TX

Purpose of payment (See instructions regarding type of information required.)

Car Rentals

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

05/28/2001

Payee name

John Lambert

Amount

(\$)
125.00

Payee address; City; State; Zip Code

Somerset TX

Purpose of payment (See instructions regarding type of information required.)

Support Services

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

Enrique Martin

3 ACCOUNT # (Ethics Commission filers)

00051464

4 Date

05/28/2001

5 Payee name

Tom Daniels

6 Payee address; City; State; Zip Code

San Antonio TX

7 Amount (\$)

633.00

8 Purpose of payment (See instructions regarding type of information required.)

Consulting Services

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

05/28/2001

Payee name

Bros. Printing

Payee address; City; State; Zip Code

San Antonio TX

Amount (\$)

241.27

Purpose of payment (See instructions regarding type of information required.)

T-shirts

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

05/28/2001

Payee name

Monica Gutierrez

Payee address; City; State; Zip Code

San Antonio TX

Amount (\$)

1,140.00

Purpose of payment (See instructions regarding type of information required.)

Support Services

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

05/28/01

Payee name

Augustine Beltran

Payee address; City; State; Zip Code

San Antonio TX

Amount (\$)

576.00

Purpose of payment (See instructions regarding type of information required.)

Support Services

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



POLITICAL EXPENDITURES**SCHEDULE F**

RECEIVED
CITY OF SAN ANTONIO
CLERK

The INSTRUCTION GUIDE explains how to complete this form.

2001 JUL 16

1 Total pages Schedule F:

P 4:29

2 FILER NAME

Enrique Martin

3 ACCOUNT # (Ethics Commission filers)

00051464

4 Date

05/29/2001

5 Payee name

Patricia Flores

7 Amount (\$)

536.00

6 Payee address; City; State; Zip Code

San Antonio TX

8 Purpose of payment (See instructions regarding type of information required.)

Support Services

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

05/29/2001

Payee name

Allen Flores

Amount (\$)

200.00

Payee address; City; State; Zip Code

San Antonio TX

Purpose of payment (See instructions regarding type of information required.)

Support Services

**** Complete if direct expenditure to benefit C/OH ****

Candidate / Officeholder name

Office sought

Office held

Date

05/29/2001

Payee name

Taqueria Jalisco

Amount (\$)

17.15

Payee address; City; State; Zip Code

San Antonio TX

Purpose of payment (See instructions regarding type of information required.)

Food

**** Complete if direct expenditure to benefit C/OH ****

Candidate / Officeholder name

Office sought

Office held

Date

05/29/2001

Payee name

Uncle Bob's Storage

Amount (\$)

242.00

Payee address; City; State; Zip Code

San Antonio TX

Purpose of payment (See instructions regarding type of information required.)

Storage

**** Complete if direct expenditure to benefit C/OH ****

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

2001 JUL 16 P 4:29

1 Total pages Schedule F:**2** FILER NAME

Enrique Martin

3 ACCOUNT # (Ethics Commission filers)

00051464

4 Date

05/29/2001

5 Payee name

Henry Avila

7 Amount (\$)350.⁰⁰**6** Payee address; City; State; Zip Code

San Antonio TX

8 Purpose of payment (See instructions regarding type of information required.)

Support Services

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

05/29/2001

Payee name

Mark Warts

Amount (\$)100.⁰⁰**Payee address; City; State; Zip Code**

San Antonio TX

Purpose of payment (See instructions regarding type of information required.)

Security

**** Complete if direct expenditure to benefit C/OH ****

Candidate / Officeholder name

Office sought

Office held

Date

05/29/2001

Payee name

Shannon Smead

Amount (\$)100.⁰⁰**Payee address; City; State; Zip Code**

San Antonio TX

Purpose of payment (See instructions regarding type of information required.)

Support Services

**** Complete if direct expenditure to benefit C/OH ****

Candidate / Officeholder name

Office sought

Office held

Date

06/02/2001

Payee name

Southwestern Bell

Amount (\$)148.⁸⁴**Payee address; City; State; Zip Code**

San Antonio

Purpose of payment (See instructions regarding type of information required.)

HQ Phone Bill

**** Complete if direct expenditure to benefit C/OH ****

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

Enrique Martin

3 ACCOUNT # (Ethics Commission filers)

00051464

4 Date

06/03/2001

5 Payee name

Sylvia Fasonc

7 Amount (\$)

95.00

6 Payee address; City; State; Zip Code

8 Purpose of payment (See instructions regarding type of information required.)

HQ Plumbing fixture

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

06/03/2001

Payee name

Cynthia Lagre

Amount (\$)

315.72

Payee address; City; State; Zip Code

San Antonio TX

Purpose of payment (See instructions regarding type of information required.)

Reimbursement

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

06/04/2001

Payee name

MARINA LOPEZ

Amount (\$)

72.00

Payee address; City; State; Zip Code

San Antonio TX

Purpose of payment (See instructions regarding type of information required.)

Support Services

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

06/04/2001

Payee name

Sergio Suarez

Amount (\$)

144.00

Payee address; City; State; Zip Code

San Antonio TX

Purpose of payment (See instructions regarding type of information required.)

Support Services

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2001 JUN 16 P 4:29

2 FILER NAME

Enrique Martin

3 ACCOUNT # (Ethics Commission filers)

00051464

4 Date

5 Payee name

06/05/2001

Augustine Beltran

6 Payee address; City; State; Zip Code

San Antonio TX

7 Amount (\$)

180.00

8 Purpose of payment (See instructions regarding type of information required.)

Support Services

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

06/18/2001

Steven Adams

Payee address; City; State; Zip Code

San Antonio TX

Amount (\$)

250.00

Purpose of payment (See instructions regarding type of information required.)

Support Services

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

06/20/2001

John Delgado

Payee address; City; State; Zip Code

San Antonio TX

Amount (\$)

107.95

Purpose of payment (See instructions regarding type of information required.)

Reimbursement

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

06/06/2001

GARZA'S Grocery

Payee address; City; State; Zip Code

San Antonio TX

Amount (\$)

2,500.00

Purpose of payment (See instructions regarding type of information required.)

Food, Beverage, supplies

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date 06/27/01	5 Payee name Edward Metz 6 Payee address; City; State; Zip Code Somerset TX	7 Amount (\$) 222. ⁰⁰
--------------------	--	-------------------------------------

8 Purpose of payment (See instructions regarding type of information required.) Support Services	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	---

Date 06/27/2001	Payee name John Delgado Payee address; City; State; Zip Code San Antonio TX	Amount (\$) 200. ⁰⁰
--------------------	--	-----------------------------------

Purpose of payment (See instructions regarding type of information required.) Support Services	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	---

Date 06/27/2001	Payee name Misty White Payee address; City; State; Zip Code San Antonio TX	Amount (\$) 500. ⁰⁰
--------------------	---	-----------------------------------

Purpose of payment (See instructions regarding type of information required.) Support Services	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	---

Date 06/27/2001	Payee name Yolanda Chapa Payee address; City; State; Zip Code San Antonio TX	Amount (\$) 500. ⁰⁰
--------------------	---	-----------------------------------

Purpose of payment (See instructions regarding type of information required.) Support Services	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	---

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

2001 JUL 16

1 Total pages Schedule G:

P 4:29

2 FILER NAME

Enrique Martin

3 ACCOUNT # (Ethics Commission filers)

00051464

4 Date

5 Payee name

6 Payee address; City; State; Zip Code

7 Purpose of expenditure (See instructions regarding type of information required.)

8 Amount (\$)

0

☐ Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

0

☐ Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

0

☐ Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

0

☐ Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

0

☐ Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



**PAYMENT FROM POLITICAL CONTRIBUTIONS
TO A BUSINESS OF C/OH****SCHEDULE H**

The INSTRUCTION GUIDE explains how to complete this form.

1. Total pages Schedule H:

2 FILER NAME

Enrique Martin

3 ACCOUNT # (Ethics Commission filers)

00051464

4 Date

5 Business name

7 Amount
(\$)

6 Business address; City; State; Zip Code

8 Purpose of payment (See instructions regarding type of information required.)

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I:

2 FILER NAME

Enrique Martin

3 ACCOUNT # (Ethics Commission filers)

00051464

4 Date	5 Payee name 6 Payee address; City; State; Zip Code	8 Amount (\$)
	7 Purpose of expenditure (See instructions regarding type of information required.)	0
	7 Purpose of expenditure (See instructions regarding type of information required.)	0
	7 Purpose of expenditure (See instructions regarding type of information required.)	0
	7 Purpose of expenditure (See instructions regarding type of information required.)	0
	7 Purpose of expenditure (See instructions regarding type of information required.)	0
	7 Purpose of expenditure (See instructions regarding type of information required.)	0

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

00051064

2 Total pages this report:

1/21

3 CANDIDATE /
OFFICEHOLDER
NAME

TITLE FIRST MI
Enrique
NICKNAME LAST SUFFIX
Mike Martin

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

8327 Staton Dr.



Change of Address

San Antonio TX 78224

Date Hand-delivered or Date Postmarked

5 CAMPAIGN
TREASURER
NAME

TITLE FIRST MI
LTC (Ret) Tommie
NICKNAME LAST SUFFIX
Malone

Receipt #

Amount

Date Processed

Date Imaged

6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

2202 Cypress Pearl

San Antonio TX 78232

7 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION

() -

8 REPORT TYPE



January 15



30th day before election



Runoff

15th day after campaign treasurer
appointment (officeholder only)

July 15



8th day before election



Exceeded \$500 limit



Final report (Attach C/OH - FR)

9 PERIOD
COVERED

Month Day Year Month Day Year

04/26/2001

THROUGH

05/19/2001

10 ELECTION

ELECTION DATE
Month Day Year

05/29/2001

ELECTION TYPE



Primary



Runoff



General



Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

13
DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

... Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval.
Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ...

Name

Address/PO Box; Apt. / Suite #; City; State; Zip Code



additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

14 C/OH NAME
Enrique Martin

15 ACCOUNT # (Ethics Commission filers)
00051484

16 NOTICE
FROM
POLITICAL
COMMITTEE(S)

.. This listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

☐ additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE
ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 22150.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

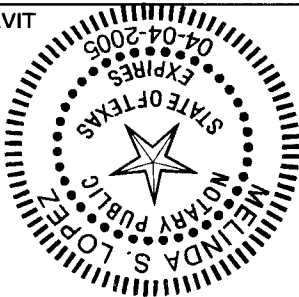
\$ 17281.07

OUTSTANDING
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0.00

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Enrique Martin
this the 21st day of May 2001, to certify which, witness my
hand and seal of office.

Melinda S. Lopez
Signature of officer administering oath

Melinda S. Lopez
Printed

(Effective 11/16/1999)
Notary Public
Title

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

 RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:

2001 MAY 21 P 4:39

2 FILER NAME

Enrique Martin

3 ACCOUNT # (Ethics Commission files)

00051464

4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Associated General Contractors of America	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
05/18/2001	6 Contributor address; City; State; Zip Code 10306 Gulfdale San Antonio TX 78216	500.00	

9 Principal occupation (Optional)	10 Employer (Optional)
--	-------------------------------

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) James Bastoni	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/17/2001	Contributor address; City; State; Zip Code 106 Ottawa Run San Antonio TX 78231	1000.00	

Principal occupation (Optional)	Employer (Optional)
---------------------------------	---------------------

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Roger D. Bowler	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/17/2001	Contributor address; City; State; Zip Code 311 Mayer Bulverde TX 78163	250.00	

Principal occupation (Optional)	Employer (Optional)
---------------------------------	---------------------

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Alfonso Chiscano	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/09/2001	Contributor address; City; State; Zip Code 4330 Medical Drive San Antonio TX 78229	100.00	

Principal occupation (Optional)	Employer (Optional)
---------------------------------	---------------------

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Dennis Elmore	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/17/2001	Contributor address; City; State; Zip Code 1559 Yosemite Oaks Circle San Antonio TX 78213	250.00	

Principal occupation (Optional)	Employer (Optional)
---------------------------------	---------------------

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:

2001 MAY 21 P 4: 38

2 FILER NAME
Enrique Martin

3 ACCOUNT # (Ethics Commission files)

00051464

4 Date 5 Full name of contributor ☐ out-of-state PAC(ID# _____)

Pablo Escamilla

05/17/2001

6 Contributor address; City; State; Zip Code

1726 Valencia

San Antonio TX 78237

7 Amount of contribution (\$)

500.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Full name of contributor ☐ out-of-state PAC(ID# _____)

Buddy Ford

05/18/2001

Contributor address; City; State; Zip Code

825 E. Locust St.

San Antonio TX 78212

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor ☐ out-of-state PAC(ID# _____)

G. Hasslocher

05/10/2001

Contributor address; City; State; Zip Code

8520 Crownhill Blvd.

San Antonio TX 78209

Amount of contribution (\$)

1000.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor ☐ out-of-state PAC(ID# _____)

James & Jordon Hasslocher

05/10/2001

Contributor address; City; State; Zip Code

129 Haskin

San Antonio TX 78209

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor ☐ out-of-state PAC(ID# _____)

Heard,Lindburger,Graham,Blair,Pena & Sampson,LLp

05/17/2001

Contributor address; City; State; Zip Code

1019 Tower Life Bldg.

San Antonio TX 78205

Amount of contribution (\$)

1000.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:

2001 MAY 21 P 4/29

2 FILER NAME

Enrique Martin

3 ACCOUNT #

(Ethics Commission filers)

00051464

4 Date

05/09/2001

5 Full name of contributor ☐ out-of-state PAC(ID# _____)

I.B.E.W. - C.O.P.E.

6 Contributor address; City; State; Zip Code
1125 15th Street,N.W.

Washington DC 20005

7 Amount of contribution (\$)

500.00

8 In-kind contribution description (if applicable)**9 Principal occupation (Optional)****10 Employer (Optional)****Date**

05/17/2001

Full name of contributor ☐ out-of-state PAC(ID# _____)

I.B.E.W. - C.O.P.E.

Contributor address; City; State; Zip Code
1125 15th Street,N.W.

Washington DC 20005

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)**Principal occupation (Optional)****Employer (Optional)****Date**

05/10/2001

Full name of contributor ☐ out-of-state PAC(ID# _____)

John Kell,Jr.

Contributor address; City; State; Zip Code
2635 Brookhurst Dr.

San Antonio TX 78209

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)**Principal occupation (Optional)****Employer (Optional)****Date**

05/17/2001

Full name of contributor ☐ out-of-state PAC(ID# _____)

Martin,Drought & Torres Attorney's

Contributor address; City; State; Zip Code
Bank of America Plaza,25th Flr.
Convent St.
San Antonio TX 78205**Amount of contribution (\$)**

500.00

In-kind contribution description (if applicable)**Principal occupation (Optional)****Employer (Optional)****Date**

05/10/2001

Full name of contributor ☐ out-of-state PAC(ID# _____)

Clifford Morton

Contributor address; City; State; Zip Code
1919 Oakwell Farms Pkwy

San Antonio TX

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)**Principal occupation (Optional)****Employer (Optional)**

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

2001 MAY 21

1 Total pages in this report:
6/21

2 FILER NAME

Enrique Martin

3 ACCOUNT #

(Ethics Commission filers)

00051464

4 Date

05/17/2001

5 Full name of contributor

☐ out-of-state PAC(ID# _____)

PEA International - US

Contributor address;
1313 L. Street,NW

City; State; Zip Code

Washington DC 20005

7 Amount of contribution (\$)

5000.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

05/17/2001

Full name of contributor

☐ out-of-state PAC(ID# _____)

Douglas Poneck

Contributor address;
127 W. Woodlawn

City; State; Zip Code

San Antonio TX 78212

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

05/17/2001

Full name of contributor

☐ out-of-state PAC(ID# _____)

Professional Vending

Contributor address;
1111 Vista Valet,#705

City; State; Zip Code

San Antonio TX 78216

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

05/17/2001

Full name of contributor

☐ out-of-state PAC(ID# _____)

Thomas Reedy

Contributor address;
201 N. Presa

City; State; Zip Code

San Antonio TX 78205

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

05/10/2001

Full name of contributor

☐ out-of-state PAC(ID# _____)

San Antonio Police Officers Association PAC

Contributor address;
1939 N.E. Loop 410,#230

City; State; Zip Code

San Antonio TX 78217

Amount of contribution (\$)

5000.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

2001 MAY 21 P 4:39

1 Total pages this report:
7/21

2 FILER NAME Enrique Martin		3 ACCOUNT # (Ethics Commission filers) 00051464	
4 Date 05/10/2001	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Baltazar Serna,Jr. 6 Contributor address; City; State; Zip Code 72 Sendero Verde San Antonio TX 78261	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 05/10/2001	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Rich Sheldon Contributor address; City; State; Zip Code 4006 Green Oak Dr. Waco TX 76710	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 05/09/2001	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Ultramar Diamond Shamrock Employees PAC Contributor address; City; State; Zip Code P.O. Box 696000 San Antonio TX 78269-6000	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 05/17/2001	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Darolyn Worth Contributor address; City; State; Zip Code 6929 Camp Bullis Rd. San Antonio TX 78256	Amount of contribution (\$) 1500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

POLITICAL EXPENDITURES

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

2001 MAY

1 Total pages reported
218/21**2 FILER NAME**

Enrique Martin

3 ACCOUNT # (Ethics Commission filers)

00051464

4 Date

05/19/2001

5 Payee name

Albertson's

7 Amount

(\$)

53.67

6 Payee address; City; State; Zip Code

San Antonio TX

8 Purpose of expenditure (See instructions regarding type of information required.)

Refreshments

9 Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

05/05/2001

Payee name

Henry Avila

Amount

(\$)

220.00

Payee address; City; State; Zip Code

San Antonio TX

Purpose of expenditure (See instructions regarding type of information required.)

Election Support

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

05/09/2001

Payee name

Augustine Beltran

Amount

(\$)

1896.00

Payee address; City; State; Zip Code

San Antonio TX

Purpose of expenditure (See instructions regarding type of information required.)

Block Walkers

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

05/14/2001

Payee name

Augustine Beltran

Amount

(\$)

640.00

Payee address; City; State; Zip Code

San Antonio TX

Purpose of expenditure (See instructions regarding type of information required.)

Block Walkers

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

Total pages report:

9/21

2 FILER NAME

Enrique Martin

2001 MAY 21

3

ACCOUNT # (Ethics Commission filers)

00051464

4 Date

05/18/2001

5 Payee name

Augustine Beltran

7

Amount

(\$)

1268.00

6 Payee address; City; State; Zip Code

San Antonio TX

8 Purpose of expenditure (See instructions regarding type of information required.)

Election Support

9 Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

04/29/2001

Payee name

Bros. Printing

Amount

(\$)

635.84

Payee address; City; State; Zip Code

San Antonio TX

Purpose of expenditure (See instructions regarding type of information required.)

T-Shirts

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

05/11/2001

Payee name

CPS

Amount

(\$)

115.00

Payee address; City; State; Zip Code

TX

Purpose of expenditure (See instructions regarding type of information required.)

Electricity for Headquarters

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

05/11/2001

Payee name

Cingular Wireless

Amount

(\$)

265.12

Payee address; City; State; Zip Code

San Antonio TX

Purpose of expenditure (See instructions regarding type of information required.)

Cellular Service

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

POLITICAL EXPENDITURES**SCHEDULE F**

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

2001 MAY 21

1 Total pages report:

P 14240

2 FILER NAME

Enrique Martin

3 ACCOUNT # (Ethics Commission filers)

00051464

4 Date

05/03/2001

5 Payee name

John Delgado

7 Amount

(\$)

100.00

6 Payee address; City; State; Zip Code

TX

8 Purpose of expenditure (See instructions regarding type of information required.)

Election Support

9 Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

05/11/2001

Payee name

Diamond Shamrock

Amount

(\$)

28.22

Payee address; City; State; Zip Code

TX

Purpose of expenditure (See instructions regarding type of information required.)

Refreshments

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

05/13/2001

Payee name

Diamond Shamrock

Amount

(\$)

29.92

Payee address; City; State; Zip Code

TX

Purpose of expenditure (See instructions regarding type of information required.)

Refreshments

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

05/15/2001

Payee name

Diamond Shamrock

Amount

(\$)

37.00

Payee address; City; State; Zip Code

TX

Purpose of expenditure (See instructions regarding type of information required.)

Refreshments

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

POLITICAL EXPENDITURES**SCHEDULE F**

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:

2001 MAY 21 P 4:14

2 FILER NAME
Enrique Martin

3 ACCOUNT # (Ethics Commission filers)
00051464

4 Date 05/16/2001	5 Payee name Diamond Shamrock	7 Amount (\$) 19.63
6 Payee address; City; State; Zip Code TX		

8 Purpose of expenditure (See instructions regarding type of information required.) Refreshments	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date 05/14/2001	Payee name Elections Support Services	Amount (\$) 28.69
Payee address; City; State; Zip Code TX		

Purpose of expenditure (See instructions regarding type of information required.) Labels	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date 05/16/2001	Payee name Elections Support Services	Amount (\$) 1284.07
Payee address; City; State; Zip Code TX		

Purpose of expenditure (See instructions regarding type of information required.) Labels	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date 05/18/2001	Payee name Elections Support Services	Amount (\$) 891.54
Payee address; City; State; Zip Code TX		

Purpose of expenditure (See instructions regarding type of information required.) Mail Services	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

POLITICAL EXPENDITURES

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

2001 MAY 21

Total pages report:
12/40**2 FILER NAME**

Enrique Martin

3 ACCOUNT # (Ethics Commission filers)

00051464

4 Date

05/17/2001

5 Payee name

Enterprise

7 Amount

(\$)

180.48

6 Payee address; City; State; Zip Code

San Antonio TX

8 Purpose of expenditure (See instructions regarding type of information required.)

Car Rental

9 Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

05/14/2001

Payee name

Tom Fasome

Amount

(\$)

500.00

Payee address; City; State; Zip Code

San Antonio TX

Purpose of expenditure (See instructions regarding type of information required.)

Headquarters Rental

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

04/29/2001

Payee name

Flying Times

Amount

(\$)

198.00

Payee address; City; State; Zip Code

San Antonio TX

Purpose of expenditure (See instructions regarding type of information required.)

Advertisement

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

05/19/2001

Payee name

Flying Times

Amount

(\$)

153.00

Payee address; City; State; Zip Code

San Antonio TX

Purpose of expenditure (See instructions regarding type of information required.)

Advertisement

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

POLITICAL EXPENDITURES

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

2001 MAY 21 P 14:10
Total pages report:
13/21

2 FILER NAME

Enrique Martin

3 ACCOUNT # (Ethics Commission filers)

00051464

4 Date

05/18/2001

5 Payee name

Garza's Food Market

7 Amount

(\$)

57.80

6 Payee address; City; State; Zip Code

TX

8 Purpose of expenditure (See instructions regarding type of information required.)

Refreshments

9 Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

05/18/2001

Payee name

Robert Garza

Amount

(\$)

300.00

Payee address; City; State; Zip Code

San Antonio TX

Purpose of expenditure (See instructions regarding type of information required.)

Election Support Services

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

05/18/2001

Payee name

Robert Garza

Amount

(\$)

175.00

Payee address; City; State; Zip Code

San Antonio TX

Purpose of expenditure (See instructions regarding type of information required.)

Election Support Services

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

05/02/2001

Payee name

Rudy Garza

Amount

(\$)

400.00

Payee address; City; State; Zip Code

San Antoni TX

Purpose of expenditure (See instructions regarding type of information required.)

Electrical Supplies

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

POLITICAL EXPENDITURES

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

2001 MAY 21 12:40
Total pages report:
14/21

2 FILER NAME

Enrique Martin

3 ACCOUNT # (Ethics Commission filers)

00051464

4 Date 05/05/2001	5 Payee name Rudy Garza 6 Payee address; City; State; Zip Code San Antonio TX	7 Amount (\$) 350.00
-----------------------------	---	-----------------------------------

8 Purpose of expenditure (See instructions regarding type of information required.) Electrical Service	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	---

Date 04/29/2001	Payee name Cynthia Gonzales Payee address; City; State; Zip Code San Antonio TX	Amount (\$) 300.00
--------------------	---	--------------------------

Purpose of expenditure (See instructions regarding type of information required.) Election Support	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date 05/18/2001	Payee name Monica Gutierrez Payee address; City; State; Zip Code San Antonio TX	Amount (\$) 275.00
--------------------	---	--------------------------

Purpose of expenditure (See instructions regarding type of information required.) Election Support Services	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

Date 04/29/2001	Payee name HEB Payee address; City; State; Zip Code San Antonio TX	Amount (\$) 101.00
--------------------	--	--------------------------

Purpose of expenditure (See instructions regarding type of information required.) Refreshments	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

POLITICAL EXPENDITURES**SCHEDULE F**

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

Total pages report:
15/21

2 FILER NAME
Enrique Martin

2001 MAY 21

3 ACCOUNT # (Ethics Commission filers)
00051464

4 Date 05/11/2001	5 Payee name Home Depot	7 Amount (\$) 21.09
6 Payee address; City; State; Zip Code TX		

8 Purpose of expenditure (See instructions regarding type of information required.) Materials	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	---

Date 05/15/2001	Payee name Home Depot	Amount (\$) 173.94
Payee address; City; State; Zip Code TX		

Purpose of expenditure (See instructions regarding type of information required.) Materials	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	---

Date 05/18/2001	Payee name Home Depot	Amount (\$) 48.47
Payee address; City; State; Zip Code TX		

Purpose of expenditure (See instructions regarding type of information required.) Materials	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	---

Date 05/05/2001	Payee name Tim Huizar	Amount (\$) 200.00
Payee address; City; State; Zip Code San Antonio TX		

Purpose of expenditure (See instructions regarding type of information required.) Election Support	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	---

POLITICAL EXPENDITURES**SCHEDULE F**

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

2001 MAY 2

1 Total pages report:

16/21
5:40

2 FILER NAME
Enrique Martin

3 ACCOUNT # (Ethics Commission filers)
00051464

4 Date 05/01/2001	5 Payee name John Lambert	7 Amount (\$) 250.00
6 Payee address; City; State; Zip Code San Antonio TX		

8 Purpose of expenditure (See instructions regarding type of information required.) Election Support	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date 05/15/2001	Payee name John Lambert	Amount (\$) 125.00
Payee address; City; State; Zip Code San Antonio TX		

Purpose of expenditure (See instructions regarding type of information required.) Election Support	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date 05/04/2001	Payee name Little Ceasars	Amount (\$) 32.68
Payee address; City; State; Zip Code San Antonio TX		

Purpose of expenditure (See instructions regarding type of information required.) Refreshments	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date 05/15/2001	Payee name Little Ceasars	Amount (\$) 18.76
Payee address; City; State; Zip Code San Antonio TX		

Purpose of expenditure (See instructions regarding type of information required.) Refreshments	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

POLITICAL EXPENDITURES

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

2001 MAY 21

14-110
Total pages report:
17/21

2 FILER NAME

Enrique Martin

3 ACCOUNT # (Ethics Commission files)

00051464

4 Date

05/05/2001

5 Payee name

Rejino Longoria

7 Amount

(\$)

195.00

6 Payee address; City; State; Zip Code

San Antonio TX

8 Purpose of expenditure (See instructions regarding type of information required.)

D.J. Music

9 Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

05/18/2001

Payee name

Lopez Automotive

Amount

(\$)

483.57

Payee address; City; State; Zip Code

San Antonio TX

Purpose of expenditure (See instructions regarding type of information required.)

Donation

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

05/04/2001

Payee name

Marina Lopez

Amount

(\$)

30.00

Payee address; City; State; Zip Code

San Antonio TX

Purpose of expenditure (See instructions regarding type of information required.)

Election Support

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

05/14/2001

Payee name

Marina Lopez

Amount

(\$)

45.00

Payee address; City; State; Zip Code

San Antonio TX

Purpose of expenditure (See instructions regarding type of information required.)

Election Support

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

POLITICAL EXPENDITURES

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

2001 MAY 21

1 Total pages report:
18/21 40**2 FILER NAME**

Enrique Martin

3 ACCOUNT # (Ethics Commission filers)

00051464

4 Date

04/29/2001

5 Payee name

Azannette Martin

7 Amount

(\$)

214.32

6 Payee address; City; State; Zip Code

San Antonio TX

8 Purpose of expenditure (See instructions regarding type of information required.)

Reimbursement for supplies

9 Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

05/14/2001

Payee name

Azannette Martin

Amount

(\$)

215.73

Payee address; City; State; Zip Code

San Antonio TX

Purpose of expenditure (See instructions regarding type of information required.)

Reimbursement

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

05/18/2001

Payee name

Edward Metz

Amount

(\$)

500.00

Payee address; City; State; Zip Code

San Antonio TX

Purpose of expenditure (See instructions regarding type of information required.)

Election Support Services

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

04/26/2001

Payee name

Munguia Printers

Amount

(\$)

430.85

Payee address; City; State; Zip Code

San Antonio TX

Purpose of expenditure (See instructions regarding type of information required.)

Printing

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

POLITICAL EXPENDITURES**SCHEDULE F**

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:

2001 MAY 21 10:40

2 FILER NAME
Enrique Martin**3** ACCOUNT # (Ethics Commission filers)
00051464**4** Date
05/11/2001**5** Payee name
Munguia Printers**7** Amount
(\$)
239.34**6** Payee address; City; State; Zip Code

San Antonio TX

8 Purpose of expenditure (See instructions regarding type of information required.)
Printing**9** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
05/15/2001Payee name
Munguia PrintersAmount
(\$)
1557.38

Payee address; City; State; Zip Code

San Antonio TX

Purpose of expenditure (See instructions regarding type of information required.)
PrintingComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
05/16/2001Payee name
Munguia PrintersAmount
(\$)
480.70

Payee address; City; State; Zip Code

San Antonio TX

Purpose of expenditure (See instructions regarding type of information required.)
PrintingComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
05/11/2001Payee name
R&R FlowersAmount
(\$)
375.00

Payee address; City; State; Zip Code

San Antonio TX

Purpose of expenditure (See instructions regarding type of information required.)
FlowersComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

2001 MAY 21 P 4:40

Total pages report:
20/21**2 FILER NAME**

Enrique Martin

3 ACCOUNT # (Ethics Commission filers)

00051464

4 Date

05/17/2001

5 Payee name

Connie Sonnen

7 Amount

(\$)

75.00

6 Payee address; City; State; Zip Code

San Antonio TX

8 Purpose of expenditure (See instructions regarding type of information required.)

Election Services

9 Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

05/01/2001

Payee name

Southside Reporter

Amount

(\$)

375.36

Payee address; City; State; Zip Code

San Antonio TX

Purpose of expenditure (See instructions regarding type of information required.)

Advertisement

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

05/15/2001

Payee name

U.S. Postmaster

Amount

(\$)

310.00

Payee address; City; State; Zip Code

TX

Purpose of expenditure (See instructions regarding type of information required.)

Postage

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

05/16/2001

Payee name

U.S. Postmaster

Amount

(\$)

102.00

Payee address; City; State; Zip Code

TX

Purpose of expenditure (See instructions regarding type of information required.)

Postage

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

POLITICAL EXPENDITURES**SCHEDULE F**RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:

2001 MAY 21 2:14:10

3 ACCOUNT # (Ethics Commission filers)
00051464

2 FILER NAME Enrique Martin		
4 Date 05/16/2001	5 Payee name U.S. Postmaster 6 Payee address; City; State; Zip Code TX	7 Amount (\$) 128.90
8 Purpose of expenditure (See instructions regarding type of information required.) Postage		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 05/01/2001	Payee name United Care Payee address; City; State; Zip Code San Antonio TX	Amount (\$) 150.00
Purpose of expenditure (See instructions regarding type of information required.) Donation		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH

COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

00051464

2 Total pages this report:

1/13

3 CANDIDATE /
OFFICEHOLDER
NAME

TITLE FIRST MI
Enrique

NICKNAME LAST SUFFIX
Kike Martin

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

8327 Staton Dr.

☐

Change of Address

San Antonio TX 78224

Date Hand-delivered or Date Postmarked

5 CAMPAIGN
TREASURER
NAME

TITLE FIRST MI
LTC (Ret) Tommie

NICKNAME LAST SUFFIX
Malone

Receipt #

Amount

Date Processed

Date Imaged

6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

2202 Cypress Pearl

San Antonio TX 78232

7 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION

() -

8 REPORT TYPE

☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)

☐ July 15 ☒ 8th day before election ☐ Exceeded \$500 limit ☐ Final report (Attach C/OH - FR)

9 PERIOD
COVERED

Month Day Year MONTH Day Year

03/27/0001 THROUGH 04/25/0001

10 ELECTION

ELECTION DATE ELECTION TYPE

Month Day Year ☐ Primary ☐ Runoff ☐ General ☐ Special

05/05/0001

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

13 DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..

Name

Address/PO Box; Apt. / Suite #; City; State; Zip Code

☐

additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH

RECEIVED COVER SHEET PG 2
CITY OF SAN ANTONIO
CITY CLERK

14 C/OH NAME

15 ACCOUNT # (Ethics Commission Use)

16 NOTICE
FROM
POLITICAL
COMMITTEE(S)

2001 APR 27 12 5:01

-- This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. --

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

☐ additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE
ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$300.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$7050.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$210.66

4. TOTAL POLITICAL EXPENDITURES

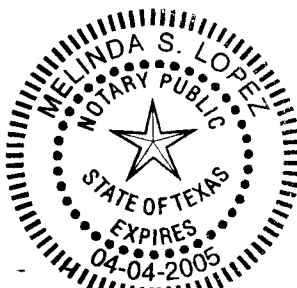
\$15,087.52

OUTSTANDING
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$0.00

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Enrique Martin, this the 27th day of April, 20 01, to certify which, witness my hand and seal of office.

Melinda S. Lopez
Signature of officer administering oath

Melinda S. Lopez
Printed name of officer administering oath

Notary
Title of officer administering oath



Printed on recycled paper

Revised 05/11/2008

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

2001 APR 27 10:51
Total pages this report:

3/13

2 FILER NAME Enrique Martin		3 ACCOUNT # (Ethics Commission files) 00051464	
4 Date 04/18/0001	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) David L. Earl, Attorney at Law 6 Contributor address; City; State; Zip Code 111 Soledad, Suite 1111 San Antonio TX 78205	7 Amount of contribution (\$) 2000.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 04/24/0001	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) G. Hasslocher Contributor address; City; State; Zip Code 8520 Crownhill Blvd. San Antonio TX 78209	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/18/0001	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Iron Workers ST. Cope Fund Contributor address; City; State; Zip Code 1106 Lavaca St., Suite 201 Austin TX 78701	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/09/0001	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Larry Irvin Contributor address; City; State; Zip Code No. 5 Morning Downs San Antonio TX 78257	Amount of contribution (\$) 1500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/09/0001	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Gerald Lee Contributor address; City; State; Zip Code 1226 E. Sunshine San Antonio TX 78228	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1

(FOR FORMS C/OH & SPAC)

 RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:

2001 APR 27 4:57

 2 FILER NAME
Enrique Martin

3 ACCOUNT # (Ethics Commission files)

00051464

4 Date 04/18/0001	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) John Mackenzie 6 Contributor address; City; State; Zip Code 8779 Timber Point San Antonio TX 78250	7 Amount of contribution (\$) 400.00	8 In-kind contribution description (if applicable)
--------------------------	---	---	--

9 Principal occupation (Optional)

10 Employer (Optional)

Date 04/09/0001	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Morsh Family L.P. Partnership Contributor address; City; State; Zip Code Warshaw MD	Amount of contribution (\$) 750.00	In-kind contribution description (if applicable)
------------------------	---	---	--

Principal occupation (Optional)

Employer (Optional)

Date 04/09/0001	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Ricardo Perez Contributor address; City; State; Zip Code 141 N. Grayson Alexandria VA 22304	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
------------------------	--	---	--

Principal occupation (Optional)

Employer (Optional)

Date 04/18/0001	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Rich Sheldon Contributor address; City; State; Zip Code 4006 Green Oak Dr. Waco TX 76710	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
------------------------	---	---	--

Principal occupation (Optional)

Employer (Optional)

POLITICAL EXPENDITURES

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

2001 APR 27

Total pages: 5/13

2 FILER NAME Enrique Martin		3 ACCOUNT # (Ethics Commission filers) 00051464	
4 Date 04/11/0001	5 Payee name Yolanda Chapa		7 Amount (\$) 408.00
6 Payee address; City; State; Zip Code San Antonio TX			
8 Purpose of expenditure (See instructions regarding type of information required.) Election Support Services		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 04/21/0001	Payee name Yolanda Chapa		Amount (\$) 126.06
Payee address; City; State; Zip Code San Antonio TX			
Purpose of expenditure (See instructions regarding type of information required.) Election Support Services		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 04/20/0001	Payee name Cingular Wireless		Amount (\$) 221.18
Payee address; City; State; Zip Code San Antonio TX			
Purpose of expenditure (See instructions regarding type of information required.) Telephone Services		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 04/24/0001	Payee name DJ Kino Longoria		Amount (\$) 75.00
Payee address; City; State; Zip Code San Antonio TX			
Purpose of expenditure (See instructions regarding type of information required.) Entertainment		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	

POLITICAL EXPENDITURES

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

2001 APR 27 10:45 AM
Total pages report: 6/13

2 FILER NAME

Enrique Martin

3 ACCOUNT # (Ethics Commission filers)

00051464

4 Date

04/08/0001

5 Payee name

John Delgado

7 Amount

(\$)

80.00

6 Payee address; City; State; Zip Code

San Antonio TX

8 Purpose of expenditure (See instructions regarding type of information required.)

Election Support Services

9 Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

04/02/0001

Payee name

Elections Support Services

Amount

(\$)

1929.73

Payee address; City; State; Zip Code

TX

Purpose of expenditure (See instructions regarding type of information required.)

Mailout

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

04/12/0001

Payee name

Elections Support Services

Amount

(\$)

1929.73

Payee address; City; State; Zip Code

TX

Purpose of expenditure (See instructions regarding type of information required.)

Mailout

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

04/24/0001

Payee name

Elections Support Services

Amount

(\$)

1892.02

Payee address; City; State; Zip Code

TX

Purpose of expenditure (See instructions regarding type of information required.)

Mailout

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

POLITICAL EXPENDITURES**SCHEDULE F**

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:

7/13 4:58

2 FILER NAME

Enrique Martin

2001 APR 27

3 ACCOUNT # (Ethics Commission filers)

00051464

4 Date

04/05/0001

5 Payee name

Flying Times

7 Amount

(\$)

306.00

6 Payee address; City; State; Zip Code

San Antonio TX

8 Purpose of expenditure (See instructions regarding type of information required.)

Advertisement

9 Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

04/18/0001

Payee name

Flying Times

Amount

(\$)

170.00

Payee address; City; State; Zip Code

San Antonio TX

Purpose of expenditure (See instructions regarding type of information required.)

Advertisement

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

04/14/0001

Payee name

HEB

Amount

(\$)

51.95

Payee address; City; State; Zip Code

San Antonio TX

Purpose of expenditure (See instructions regarding type of information required.)

Refreshments

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

04/07/0001

Payee name

Kelly Hancock Cruz

Amount

(\$)

45.00

Payee address; City; State; Zip Code

San Antonio TX

Purpose of expenditure (See instructions regarding type of information required.)

Election Support Services

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

POLITICAL EXPENDITURES

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

2001 APR 27 12:16:58
Total Pages Report:
8/13

2 FILER NAME

Enrique Martin

3 ACCOUNT # (Ethics Commission filers)

00051464

4 Date

04/24/0001

5 Payee name

Kelly Hancock Cruz

7 Amount

(\$)

50.00

6 Payee address; City; State; Zip Code

San Antonio TX

8 Purpose of expenditure (See instructions regarding type of information required.)

Election Support Services

9 Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

04/18/0001

Payee name

Heritage NA

Amount

(\$)

160.00

Payee address; City; State; Zip Code

San Antonio TX

Purpose of expenditure (See instructions regarding type of information required.)

Advertisement

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

04/18/0001

Payee name

Hispanic Broadcast

Amount

(\$)

2125.00

Payee address; City; State; Zip Code

San Antonio TX

Purpose of expenditure (See instructions regarding type of information required.)

Advertisement

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

04/20/0001

Payee name

Hispanic Broadcast

Amount

(\$)

50.00

Payee address; City; State; Zip Code

San Antonio TX

Purpose of expenditure (See instructions regarding type of information required.)

Broadcasting Fee

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

POLITICAL EXPENDITURES

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

2001 APR 27

Page 58
Total pages report:
9/13

2 FILER NAME

Enrique Martin

3 ACCOUNT # (Ethics Commission filers)

00051464

4 Date

04/16/0001

5 Payee name

Eloy Laque

7 Amount

(\$)

150.00

6 Payee address; City; State; Zip Code

San Antonio TX

8 Purpose of expenditure (See instructions regarding type of information required.)

Election Support Services

9 Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

04/03/0001

Payee name

Mark Laque

Amount

(\$)

150.00

Payee address; City; State; Zip Code

San Antonio TX

Purpose of expenditure (See instructions regarding type of information required.)

Support Services

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

04/14/0001

Payee name

Mark Laque

Amount

(\$)

150.00

Payee address; City; State; Zip Code

San Antonio TX

Purpose of expenditure (See instructions regarding type of information required.)

Election Support Services

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

04/08/0001

Payee name

Marina Lopez

Amount

(\$)

30.00

Payee address; City; State; Zip Code

San Antonio TX

Purpose of expenditure (See instructions regarding type of information required.)

Election Support Services

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

POLITICAL EXPENDITURES**SCHEDULE F**

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages reported

2001 APR 27 10:43 4:58

2 FILER NAME
Enrique Martin

3 ACCOUNT # (Ethics Commission filers)
00051464

4 Date 04/13/0001	5 Payee name Marina Lopez	7 Amount (\$) 30.00
6 Payee address; City; State; Zip Code San Antonio TX		

8 Purpose of expenditure (See instructions regarding type of information required.) Election Support Services	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

Date 03/31/0001	Payee name Edward Metz	Amount (\$) 62.00
Payee address; City; State; Zip Code San Antonio TX		

Purpose of expenditure (See instructions regarding type of information required.) Reimbursement for refreshments	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date 03/30/0001	Payee name Munguia Printers	Amount (\$) 1412.11
Payee address; City; State; Zip Code San Antonio TX		

Purpose of expenditure (See instructions regarding type of information required.) Printing	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date 04/11/0001	Payee name Munguia Printers	Amount (\$) 1412.11
Payee address; City; State; Zip Code San Antonio TX		

Purpose of expenditure (See instructions regarding type of information required.) Printing	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

POLITICAL EXPENDITURES**SCHEDULE F**

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

2001 APR 27 P 4:58
1 Total pages report:

2 FILER NAME

Enrique Martin

3 ACCOUNT # (Ethics Commission filers)

00051464

4 Date

04/24/0001

5 Payee name

Munguia Printers

7 Amount

(\$)

722.35

6 Payee address; City; State; Zip Code

San Antonio TX

8 Purpose of expenditure (See instructions regarding type of information required.)

Printing

9 Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

03/31/0001

Payee name

Pizza Hut

Amount

(\$)

84.37

Payee address; City; State; Zip Code

San Antonio TX

Purpose of expenditure (See instructions regarding type of information required.)

Refreshments for block walkers

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

04/04/0001

Payee name

Connie Prado

Amount

(\$)

75.00

Payee address; City; State; Zip Code

San Antonio TX

Purpose of expenditure (See instructions regarding type of information required.)

Administrative Support Services

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

04/10/0001

Payee name

Southside Reporter

Amount

(\$)

375.00

Payee address; City; State; Zip Code

San Antonio TX

Purpose of expenditure (See instructions regarding type of information required.)

Advertisement

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

Total pages report:

12/13

2001 APR 27 4:58

2 FILER NAME

Enrique Martin

3 ACCOUNT # (Ethics Commission filers)

00051464

4 Date

04/08/0001

5 Payee name

Sergio Suarez

7 Amount

(\$)

30.00

6 Payee address; City; State; Zip Code

San Antonio TX

8 Purpose of expenditure (See instructions regarding type of information required.)

Election Support Services

9 Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

04/13/0001

Payee name

Sergio Suarez

Amount

(\$)

30.00

Payee address; City; State; Zip Code

San Antonio TX

Purpose of expenditure (See instructions regarding type of information required.)

Election Support Services

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

04/05/0001

Payee name

U.S. Postmaster

Amount

(\$)

68.00

Payee address; City; State; Zip Code

TX

Purpose of expenditure (See instructions regarding type of information required.)

Postage

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

04/17/0001

Payee name

U.S. Postmaster

Amount

(\$)

102.00

Payee address; City; State; Zip Code

TX

Purpose of expenditure (See instructions regarding type of information required.)

Postage

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

POLITICAL EXPENDITURES

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

2001 APR 27 P 4:59

Total pages report:
13/13

2 FILER NAME
Enrique Martin

3 ACCOUNT # (Ethics Commission filers)
00051464

4 Date
04/24/0001

5 Payee name
Usafe Auto Rental

6 Payee address; City; State; Zip Code

San Antonio TX

7 Amount
(\$)
374.25

8 Purpose of expenditure (See instructions regarding type of information required.)
Car rental - Election Support

9 Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

FORM C/OH
Cover SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)
00051464

2 Total pages this report:
40
1/18

3 CANDIDATE /
OFFICEHOLDER
NAME

TITLE FIRST MI
Enrique
NICKNAME LAST SUFFIX
Kike Martin

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
8327 Staton Dr.
San Antonio TX 78224

☐

Change of Address

Date Hand-delivered or Date Postmarked

5 CAMPAIGN
TREASURER
NAME

TITLE FIRST MI
LTC (Ret) Tommie
NICKNAME LAST SUFFIX
Malone

Receipt #

Amount

Date Processed

Date Imaged

6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
2202 Cypress Pearl
San Antonio TX 78232

7 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
() -

8 REPORT TYPE

☐ January 15 ☒ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)
☐ July 15 ☐ 8th day before election ☐ Exceeded \$500 limit ☐ Final report (Attach C/OH - FR)

9 PERIOD
COVERED

Month Day Year THROUGH Month Day Year
01/01/2001 03/26/2001

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
05/05/2001
☐ Primary ☐ Runoff ☒ General ☐ Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)
Other -- City Council 4

13 DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..

Name

Address/PO Box; Apt. / Suite #; City; State; Zip Code

☐

additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH

 RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
2001 APR 23 2:40

 14 C/OH NAME
Enrique Martin

15 ACCOUNT # (Ethics Commission filers)

00051405

 16 NOTICE
FROM
POLITICAL
COMMITTEE(S)

.. This listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

☐ additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

 17 NO REPORTABLE
ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

 18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 133.06

 2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 12083.06

 EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 229.78

4. TOTAL POLITICAL EXPENDITURES

\$ 18057.36

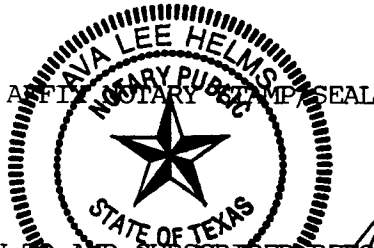
 OUTSTANDING
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0.00

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.


 SWORN TO AND SUBSCRIBED BEFORE ME, BY THE SAID ENRIQUE KIKE MARTIN THIS THE 21 DAY OF April, 2001, TO CERTIFY, WHICH, WITNESS MY HAND AND SEAL OF OFFICE.

Signature of Candidate or Officeholder

SIGNATURE OF OFFICER ADMINISTERING OATH

PRINT NAME

TITLE

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:
3/18

2 FILER NAME
Enrique Martin

3 ACCOUNT # (Ethics Commission filers)
00051464

4 Date
02/25/2001

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Philip Bagnall

6 Contributor address; City; State; Zip Code
216 Lamont Avenue
San Antonio TX 78209

7 Amount of contribution (\$)
100.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date
02/25/2001

Full name of contributor ☐ out-of-state PAC(ID# _____)
Jack Cavaleri

Contributor address; City; State; Zip Code
P.O. Box 7608
San Antonio TX 78207

Amount of contribution (\$)
100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date
02/23/2001

Full name of contributor ☐ out-of-state PAC(ID# _____)
David L. Earl, Attorney at Law

Contributor address; City; State; Zip Code
111 Soledad, Suite 1111
San Antonio TX 78205

Amount of contribution (\$)
100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date
02/12/2001

Full name of contributor ☐ out-of-state PAC(ID# _____)
Davidson & Troillo a Prof. Corp. Comm. For Civic Awareness

Contributor address; City; State; Zip Code
7550 I.H. 10 West, Suite 800
San Antonio TX 78229

Amount of contribution (\$)
200.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date
03/08/2001

Full name of contributor ☐ out-of-state PAC(ID# _____)
Sam Dawson

Contributor address; City; State; Zip Code
3802 Mill Court
San Antonio TX 78230

Amount of contribution (\$)
250.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS COH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:
4/18

2 FILER NAME
Enrique Martin

3 ACCOUNT # (Ethics Commission file)
00051464

4 Date 03/08/2001

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
DeZavala 31 Joint Venture

6 Contributor address; City; State; Zip Code
3707 N. St. Mary's St., #201
San Antonio TX 78212

7 Amount of contribution (\$) 250.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date 02/20/2001

Full name of contributor ☐ out-of-state PAC(ID# _____)
George Chall, Jr. Ins.

Contributor address; City; State; Zip Code
4606 Centerview, Suite 100
San Antonio TX 78228

Amount of contribution (\$) 100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date 03/09/2001

Full name of contributor ☐ out-of-state PAC(ID# _____)
Bill Kaufman

Contributor address; City; State; Zip Code
230 Country Lane
San Antonio TX 78209

Amount of contribution (\$) 250.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date 02/20/2001

Full name of contributor ☐ out-of-state PAC(ID# _____)
Law Office of Louis Rosenberg, P.C.

Contributor address; City; State; Zip Code
P.O. Box 718
San Antonio TX 78293

Amount of contribution (\$) 100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date 02/27/2001

Full name of contributor ☐ out-of-state PAC(ID# _____)
Daniel Markson

Contributor address; City; State; Zip Code
2421 Lake Pancoast Dr., Apt. 4-C
Miami Beach FL 33140

Amount of contribution (\$) 100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

RECEIVED
SAN ANTONIO
CITY CLERK

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

2001 APR -5 P 2:40

1 Total pages this report:
5/18

2 FILER NAME Enrique Martin		3 ACCOUNT # (Ethics Commission filers) 00051464	
4 Date 03/08/2001	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Jason Morash 6 Contributor address; City; State; Zip Code 3537 Asbury St. Dallas TX 78205	7 Amount of contribution (\$) 750.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 02/28/2001	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Henry Munoz Contributor address; City; State; Zip Code 235 W. Kings Hwy San Antonio TX 78212	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 02/20/2001	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Paul P. Garcia Plumbing & Heating Co. Contributor address; City; State; Zip Code 422 Fitch San Antonio TX 78214	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 01/09/2001	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Raba-Kistner P.A.C., Inc. Contributor address; City; State; Zip Code P.O. Box 690286 San Antonio TX 78259	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 03/09/2001	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Raba-Kistner P.A.C., Inc. Contributor address; City; State; Zip Code P.O. Box 690287 San Antonio TX 78269	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS COH & SPAC)

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:
6/18

2001 APR -5 P 2:40

2 FILER NAME
Enrique Martin

3 ACCOUNT # (Ethics Commission files)
00051464

4 Date
02/25/2001

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Thomas Rademacher

6 Contributor address; City; State; Zip Code
14007 Bluff Manor Dr.
San Antonio TX 78216

7 Amount of contribution (\$)
100.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date
03/08/2001

Full name of contributor ☐ out-of-state PAC(ID# _____)
Robert Richardson

Contributor address; City; State; Zip Code
5907 Royal Crest
Dallas TX 78205

Amount of contribution (\$)
500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date
02/25/2001

Full name of contributor ☐ out-of-state PAC(ID# _____)
Jeffry Sailor

Contributor address; City; State; Zip Code
1011 N. Frio St.
San Antonio TX 78207

Amount of contribution (\$)
100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date
02/25/2001

Full name of contributor ☐ out-of-state PAC(ID# _____)
William Salomon

Contributor address; City; State; Zip Code
2 Inwood Knoll
San Antonio TX 78248

Amount of contribution (\$)
100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date
03/09/2001

Full name of contributor ☐ out-of-state PAC(ID# _____)
Sam Barshop Special

Contributor address; City; State; Zip Code
900 Isom Rd., Suite 300
San Antonio TX 78216

Amount of contribution (\$)
250.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS COH & SPAC)

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 7/18

2 FILER NAME
Enrique Martin

3 ACCOUNT # (Ethics Commission filers)
00051464

4 Date 03/16/2001	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) San Antonio Fire Fighters PAC 6 Contributor address; City; State; Zip Code 735 W. Magnolia San Antonio TX 78212	7 Amount of contribution (\$) 1500.00	8 In-kind contribution description (if applicable)
--------------------------	--	--	--

9 Principal occupation (Optional)

10 Employer (Optional)

Date 03/21/2001	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) San Antonio Police Officers Association PAC Contributor address; City; State; Zip Code 1939 N.E. Loop 410,#230 San Antonio TX 78217	Amount of contribution (\$) 4000.00	In-kind contribution description (if applicable)
------------------------	--	--	--

Principal occupation (Optional)

Employer (Optional)

Date 02/19/2001	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) David Starr Contributor address; City; State; Zip Code 2161 N.W. Military Hwy San Antonio TX 78213	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
------------------------	---	---	--

Principal occupation (Optional)

Employer (Optional)

Date 02/27/2001	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Elliot Stone Contributor address; City; State; Zip Code 13155 Keystone Terrace Miami Beach FL 33181	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
------------------------	--	---	--

Principal occupation (Optional)

Employer (Optional)

Date 02/28/2001	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Edward Torres Contributor address; City; State; Zip Code 2727 Treble Creek,Apt. 226 San Antonio TX 78250	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
------------------------	---	---	--

Principal occupation (Optional)

Employer (Optional)

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**RECEIVED
CITY OF SAN ANTONIO
CITY CLERK**SCHEDULE A 1**
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

2001 APR -5 P

2: 44 pages this report:
8/18**2 FILER NAME**
Enrique Martin**3 ACCOUNT #** (Ethics Commission file)
00051464**4 Date**

02/25/2001

5 Full name of contributor ☐ out-of-state PAC(ID# _____)

Brian Weiner

6 Contributor address; City; State; Zip Code
P.O. Box 7608

San Antonio TX 78207

**7 Amount of
contribution (\$)**

400.00

**8 In-kind contribution
description (if applicable)****9 Principal occupation (Optional)****10 Employer (Optional)**

POLITICAL EXPENDITURES**SCHEDULE F**

RECEIVED

CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
9/182 FILER NAME
Enrique Martin

2001 APR -5 P 2:41

3 ACCOUNT # (Ethics Commission filers)
000514644 Date
02/04/20015 Payee name
3-D Screen Printing7 Amount
(\$)
2295.00

6 Payee address; City; State; Zip Code

TX

8 Purpose of expenditure (See instructions regarding type of
information required.)
Signs9 Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
02/09/2001Payee name
3-D Screen PrintingAmount
(\$)
905.00

Payee address; City; State; Zip Code

TX

Purpose of expenditure (See instructions regarding type of
information required.)
SignsComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
02/03/2001Payee name
Brenda Rios - CateringAmount
(\$)
62.00

Payee address; City; State; Zip Code

TX

Purpose of expenditure (See instructions regarding type of
information required.)
Refreshments for campaign workersComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
03/17/2001Payee name
Brenda Rios - CateringAmount
(\$)
14.22

Payee address; City; State; Zip Code

TX

Purpose of expenditure (See instructions regarding type of
information required.)
Refreshments for campaign workersComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

RECEIVED

The INSTRUCTION GUIDE explains how to complete this form.

CITY OF SAN ANTONIO
CITY CLERK**1** Total pages report:
10/18**2** FILER NAME
Enrique Martin

2001 APR -5 P 2:41

3 ACCOUNT # (Ethics Commission files)
00051464**4** Date
02/09/2001**5** Payee name
Bros Printing**7** Amount
(\$)
300.00**6** Payee address; City; State; Zip Code

TX

8 Purpose of expenditure (See instructions regarding type of information required.)
T-Shirts**9** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held**Date**
02/20/2001**Payee name**
City of San Antonio**Amount**
(\$)
100.00**Payee address; City; State; Zip Code**

TX

Purpose of expenditure (See instructions regarding type of information required.)
Filing Fee**Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held**Date**
01/26/2001**Payee name**
Elections Support Services**Amount**
(\$)
466.45**Payee address; City; State; Zip Code**

TX

Purpose of expenditure (See instructions regarding type of information required.)
Mailout**Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held**Date**
02/02/2001**Payee name**
Elections Support Services**Amount**
(\$)
216.40**Payee address; City; State; Zip Code**

TX

Purpose of expenditure (See instructions regarding type of information required.)
Mailout**Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURESRECEIVED
CITY OF SAN ANTONIO
CITY CLERK**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

2001 APR -5 P 2:41

1 Total pages report:
11/18**2** FILER NAME
Enrique Martin**3** ACCOUNT # (Ethics Commission file)
00051464**4** Date
02/02/2001**5** Payee name
Elections Support Services**7** Amount
(\$)
1892.00**6** Payee address; City; State; Zip Code

TX

8 Purpose of expenditure (See instructions regarding type of information required.)
Mailout**9** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held**Date**
03/01/2001**Payee name**
Elections Support Services**Amount**
(\$)
1929.73**Payee address; City; State; Zip Code**

TX

Purpose of expenditure (See instructions regarding type of information required.)
Mailout**Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held**Date**
02/02/2001**Payee name**
Eller Media**Amount**
(\$)
2590.75**Payee address; City; State; Zip Code**

TX

Purpose of expenditure (See instructions regarding type of information required.)
Signs**Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held**Date**
02/27/2001**Payee name**
Allen Flores**Amount**
(\$)
60.00**Payee address; City; State; Zip Code**

TX

Purpose of expenditure (See instructions regarding type of information required.)
Campaign support services**Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

2001 APR -5 P 2:41

1 Total pages report:
12/18

2 FILER NAME
Enrique Martin

3 ACCOUNT # (Ethics Commission filers)
00051464

4 Date
01/25/2001

5 Payee name
Edward Flores

7 Amount
(\$)
103.00

6 Payee address; City; State; Zip Code

TX

8 Purpose of expenditure (See instructions regarding type of information required.)
Campaign services rendered.

9 Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date
01/13/2001

Payee name
Garza's Food Market

Amount
(\$)
200.00

Payee address; City; State; Zip Code

TX

Purpose of expenditure (See instructions regarding type of information required.)
Refresments

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date
01/26/2001

Payee name
Home Depot

Amount
(\$)
139.01

Payee address; City; State; Zip Code

TX

Purpose of expenditure (See instructions regarding type of information required.)
Materials

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date
02/19/2001

Payee name
Home Depot

Amount
(\$)
32.73

Payee address; City; State; Zip Code

TX

Purpose of expenditure (See instructions regarding type of information required.)
Materials

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

Total pages report:
13/18

The INSTRUCTION GUIDE explains how to complete this form.

2001 APR -5 P 2: 41

3 ACCOUNT # (Ethics Commission filers)
00051464

2 FILER NAME
Enrique Martin

4 Date
03/13/2001

5 Payee name
Home Depot

6 Payee address; City; State; Zip Code

TX

7 Amount (\$)
23.18

8 Purpose of expenditure (See instructions regarding type of information required.)
Materials

9 Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date
03/18/2001

Payee name
Home Depot

Payee address; City; State; Zip Code

TX

Amount (\$)
64.42

Purpose of expenditure (See instructions regarding type of information required.)
Materials

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date
03/08/2001

Payee name
Enrique Martin

Payee address; City; State; Zip Code

TX

Amount (\$)
340.00

Purpose of expenditure (See instructions regarding type of information required.)
Reimbursement for postage

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date
02/28/2001

Payee name
McCoy's Lumber

Payee address; City; State; Zip Code

TX

Amount (\$)
140.15

Purpose of expenditure (See instructions regarding type of information required.)
Materials

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

Total pages report:
14/18

2 FILER NAME
Enrique Martin

2001 APR -5 P 2:43

ACCOUNT # (Ethics Commission filers)
00051464

4 Date 03/07/2001	5 Payee name McCoy's Lumber 6 Payee address; City; State; Zip Code TX	7 Amount (\$) 109.97
8 Purpose of expenditure (See instructions regarding type of information required.) Materials		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 01/30/2001	Payee name Munguia Printers Payee address; City; State; Zip Code San Antonio TX	Amount (\$) 654.10
Purpose of expenditure (See instructions regarding type of information required.) Printing		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 02/02/2001	Payee name Munguia Printers Payee address; City; State; Zip Code San Antonio TX	Amount (\$) 192.02
Purpose of expenditure (See instructions regarding type of information required.) Printing		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 02/27/2001	Payee name Munguia Printers Payee address; City; State; Zip Code San Antonio TX	Amount (\$) 1412.11
Purpose of expenditure (See instructions regarding type of information required.) Printing		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
15/18

2 FILER NAME
Enrique Martin

3 ACCOUNT # (Ethics Commission filers)
00051464

4 Date 01/24/2001	5 Payee name Munguia Printing	7 Amount (\$) 500.00
6 Payee address; City; State; Zip Code San Antonio TX		
8 Purpose of expenditure (See instructions regarding type of information required.) Printing		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

Date 02/16/2001	Payee name Regino Longoria DJ Depot	Amount (\$) 75.00
Payee address; City; State; Zip Code TX		
Purpose of expenditure (See instructions regarding type of information required.) DJ Music		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

Date 02/20/2001	Payee name Regino Longoria DJ Depot	Amount (\$) 100.00
Payee address; City; State; Zip Code TX		
Purpose of expenditure (See instructions regarding type of information required.) DJ Music		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

Date 02/04/2001	Payee name Southwestern Bell	Amount (\$) 202.68
Payee address; City; State; Zip Code TX		
Purpose of expenditure (See instructions regarding type of information required.) Telephone Services		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
16/182 FILER NAME
Enrique Martin3 ACCOUNT # (Ethics Commission Item)
00051464

2001 APR -5 P 2:41

4 Date 03/08/2001	5 Payee name Southwestern Bell	7 Amount (\$) 408.85
6 Payee address; City; State; Zip Code TX		
8 Purpose of expenditure (See instructions regarding type of information required.) Headquarters installation fees		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

Date 03/08/2001	Payee name Southwestern Bell	Amount (\$) 327.62
Payee address; City; State; Zip Code TX		
Purpose of expenditure (See instructions regarding type of information required.) Phone		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

Date 01/25/2001	Payee name U.S. Postmaster	Amount (\$) 340.00
Payee address; City; State; Zip Code TX		
Purpose of expenditure (See instructions regarding type of information required.) Postage		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

Date 02/02/2001	Payee name U.S. Postmaster	Amount (\$) 148.50
Payee address; City; State; Zip Code TX		
Purpose of expenditure (See instructions regarding type of information required.) Postage		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
17/182 FILER NAME
Enrique Martin3 ACCOUNT # (Ethics Commission filers)
000514644 Date
02/02/20015 Payee name
U.S. Postmaster7 Amount
(\$)
170.00

6 Payee address; City; State; Zip Code

TX

8 Purpose of expenditure (See instructions regarding type of
information required.)
Postage9 Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
02/04/2001Payee name
U.S. PostmasterAmount
(\$)
204.00

Payee address; City; State; Zip Code

TX

Purpose of expenditure (See instructions regarding type of
information required.)
PostageComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
02/07/2001Payee name
U.S. PostmasterAmount
(\$)
68.28

Payee address; City; State; Zip Code

TX

Purpose of expenditure (See instructions regarding type of
information required.)
PostageComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
03/07/2001Payee name
U.S. PostmasterAmount
(\$)
340.00

Payee address; City; State; Zip Code

TX

Purpose of expenditure (See instructions regarding type of
information required.)
PostageComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
18/18

2 FILER NAME
Enrique Martin

2001 APR -5 P 2:41

3 ACCOUNT # (Ethics Commission filers)
00051464

4 Date
03/21/2001

5 Payee name
U.S. Postmaster

7 Amount
(\$)
340.00

6 Payee address; City; State; Zip Code

TX

8 Purpose of expenditure (See instructions regarding type of
information required.)
Postage

9 Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date
01/24/2001

Payee name
Jesse Villela

Amount
(\$)
210.00

Payee address; City; State; Zip Code

TX

Purpose of expenditure (See instructions regarding type of
information required.)
Campaign services rendered.

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date
02/20/2001

Payee name
Jesse Villela

Amount
(\$)
150.41

Payee address; City; State; Zip Code

TX

Purpose of expenditure (See instructions regarding type of
information required.)
Reimbursement for materials

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held